



## JRA INCIDENT REVIEW

To be completed in conjunction with Room and Isolation Confinement Record, DSHS 20-199(X)

<b>TO:</b>		DATE	TIME	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<b>FROM:</b>		OTHER STAFF INVOLVED		
LOCATION OF INCIDENT				
<b>RESIDENT INVOLVED</b>				
LAST NAME		FIRST NAME	JRA NUMBER	DATE OF BIRTH
ETHNICITY		LIVING UNIT		
RESIDENT'S ACTIONS		Was staff assaulted?		
<input type="checkbox"/> Compliant <input type="checkbox"/> Verbal		<input type="checkbox"/> Passive <input type="checkbox"/> Static resistance <input type="checkbox"/> Active egressive <input type="checkbox"/> Active aggressive <input type="checkbox"/> Active aggravated aggressive		
		<input type="checkbox"/> Yes, if yes, is a complete staff assault packet attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No		
<b>STAFF ACTIONS</b>				
STAFF(S) RESPONSE		Was verbal de-escalation successful? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Gathered information <input type="checkbox"/> Gave choices/options		<input type="checkbox"/> Gave directives <input type="checkbox"/> Indicated consequences		
<b>LEVEL ONE DEFENSIVE TACTIC TECHNIQUES</b>				
<u>Escort techniques</u>		<u>Counter joint</u>	<u>Take down</u>	<u>Control point</u>
<input type="checkbox"/> One person <input type="checkbox"/> Two person		<input type="checkbox"/> Gooseneck <input type="checkbox"/> Reverse gooseneck <input type="checkbox"/> Z hold <input type="checkbox"/> Straight wrist	<input type="checkbox"/> Spin to the wall <input type="checkbox"/> Strength technique <input type="checkbox"/> Straight arm bar <input type="checkbox"/> Straight jacket hold <input type="checkbox"/> 90° 2 hand hair hold <input type="checkbox"/> 180° 2 hand hair hold	<input type="checkbox"/> Infralabial Sulcus/lower lip <input type="checkbox"/> Infra-Auricular Notch/below ear <input type="checkbox"/> Brachial Plexus/side of neck <input type="checkbox"/> Lateral Epicondyle/elbow <input type="checkbox"/> Medial thigh <input type="checkbox"/> Medial shin
<b>MECHANICAL RESTRAINTS</b>				
<input type="checkbox"/> No restraints used				
<input type="checkbox"/> Yes: <u>Type used:</u> <u>Time in:</u> <u>Time out:</u> <u>Type used:</u> <u>Time in:</u> <u>Time out:</u>				
<input type="checkbox"/> Wrist restraints <input type="checkbox"/> Ankle restraints <input type="checkbox"/> Waist restraints <input type="checkbox"/> Soft restraints				
<input type="checkbox"/> Restraint chair				
Authorized: <input type="checkbox"/> Yes <input type="checkbox"/> No				
By whom (name):				
AEROSOL SPRAY				
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach Aerosol Spray Use Report, DSHS 20-208.				
RESIDENT INJURIES				
<input type="checkbox"/> None <input type="checkbox"/> Other (describe):				
<input type="checkbox"/> Bruises				
RESIDENT MEDICAL ATTENTION		Injury to staff: staff reported injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> No medical attention <input type="checkbox"/> Minor TX by staff <input type="checkbox"/> Hospital		If yes, Labor and Industries (L&I) form 133 must be completed.		
<input type="checkbox"/> Refused <input type="checkbox"/> TX by medical staff				
Is there a videotape of incident? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was there a polaroid of incident taken? <input type="checkbox"/> Yes <input type="checkbox"/> No		
LOCATION OF TAPE		LOCATION OF PICTURE(S)		
INCIDENT INFORMATION: DESCRIPTION OF INCIDENT IN BEHAVIORAL TERMS				
<input type="checkbox"/> Check here if an additional Incident Information Report is attached.				
ADDITIONAL COPIES TO:		REPORTING STAFF'S SIGNATURE		
		REVIEWING STAFF'S SIGNATURE		